

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE							
							APPLICANT(S)								
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
1	/						51	/							
2	/						52	/							
3	/						53	/							
4	/						54	/							
5	/						55	/							
6	/						56								
7	/						57								
8	/						58								
9	/						59								
10	/						60								
11	/						61								
12							62								
13	/						63								
14	/						64								
15							65								
16	/						66								
17	/						67								
18	/						68								
19	/						69								
20	/						70								
21	/						71								
22	/						72								
23	/						73								
24	/						74								
25	/						75								
26	/						76								
27	/						77								
28	/						78								
29	/						79								
30	/						80								
31	/						81								
32	/						82								
33	/						83								
34	/						84								
35	/						85								
36	/						86								
37	/						87								
38	/						88								
39	/						89								
40	/						90								
41	/						91								
42	/						92								
43	/						93								
44	/						94								
45	/						95								
46	/						96								
47	/						97								
48	/						98								
49	/						99								
50	/						100								
TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.	30	↓		↓		↓	TOTAL DEP.		↓		↓		↓		
TOTAL CLAIMS	23						TOTAL CLAIMS								